

(b) *Children's Diagnostic and Development Center.* This is a multidisciplinary clinic in which the departments of Psychiatry, Pediatrics, Neurology, Physical Medicine, and Social Service work jointly in the diagnosis and treatment of retarded and handicapped children. The resident participates in the evaluation of these children and attends the weekly staff conference.

3. **WALK-IN PSYCHIATRIC CLINIC.** Patients in crisis who need emergency consultation are seen at Georgetown for a maximum of six visits. The orientation of the clinic is to enable the resident to evaluate a large number of patients under acute stress and to learn techniques of crisis-oriented therapy.

4. **INTENSIVE PSYCHOTHERAPY WITH HOSPITALIZED PATIENTS.** The resident treats several patients with severe ego pathology who are hospitalized at the Washington Veterans Administration Hospital. Through this experience, the resident has the opportunity to treat intensively psychotic and borderline psychotic patients requiring long-term hospitalization.

5. **INPATIENT NEUROLOGY.** The resident actively participates in the diagnosis, treatment, and management of patients hospitalized on the Neurology Service of the Washington Veterans Administration Hospital. This service includes patients with a wide variety of neurological disorders. Teaching rounds and conferences emphasize basic neurology and the inter-relationships between neurology and psychiatry.

Teaching sessions for second year residents

Continuous Conferences:

Case Conference. Weekly. Dr. Steinbach.

Psychology Seminar. Weekly. Dr. Reidy and Staff.

Ego Psychology Seminar. Weekly. Dr. Inwood.

Literature Seminar. Weekly. Dr. Bogdan.

Group Therapy Conference. Alternate Weeks. Dr. LaTendresse.

Drug Therapies. Alternate Weeks. Dr. von Mendelssohn.

Introduction to Child Psychiatry. Monthly. Dr. Kessler.

Disorders in Adolescence. Monthly. Dr. Inwood.

Psychopathology Seminar. Alternate Weeks. Dr. Salzman.

Joint Conferences. (See separate schedule.)

Third year of residency

The third year of training in general psychiatry is an expansion in breadth and depth of the resident's training experiences. He develops further his basic understanding of psychodynamic principles and his skills as an individual and group psychotherapist while extending his activities to broader areas of psychiatry. He can now apply his knowledge and previous experience to the field of child and adolescent psychiatry, consultative and liaison activity with non-psychiatric physicians, programs of prevention and early detection of emotional disorders, and community consultations with the personnel of schools, social agencies, and other community facilities. There is sufficient flexibility during this phase of training for each resident to spend a significant amount of time in an area of special interest to him.

Close individual supervision continues for the resident's work in individual, group, and family psychotherapy. Increasing responsibilities in the area of teaching continue with the resident's participation in the department's academic program for medical students. He conducts small group discussions for freshman and sophomore students and supervises the psychotherapeutic work of senior medical students.

The staff of the Children's Psychiatric Services provides training in child psychiatry for the third year resident. The general resident joins the fellows in child psychiatry in the initial orientation program and in various clinical activities. The program includes diagnostic evaluations, therapy with children and parents, didactic and case conferences, literature seminars, guest lecturers, and both individual and group supervision. The program consists of twelve to fourteen hours per week throughout the year. Those interested may participate in other aspects of the fellowship program.

Each resident spends approximately ten hours per week for six months on the Consultation-Liaison Service at the Georgetown University Hospital. There is emphasis on the role of the psychiatrist as consultant to the non-psychiatric physician, and the resident has the experience of learning in depth about psychosomatic disorders and various emotional responses to medical illness. The psychiatric resident accompanies medical residents, interns and medical